

<i>SERFF Tracking Number:</i>	<i>ACEH-125963236</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25, EFT \$25</i>
<i>Company Tracking Number:</i>	<i>08-CP-2007978(F)</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>08-CP-2007978(F)</i>		
<i>Project Name/Number:</i>	<i>Bowling Center Program/08-CP-2007978(F)</i>		

Filing at a Glance

Companies: ACE American Insurance Company, Indemnity Insurance Company of North America, Pacific Employers Insurance Company

Product Name: 08-CP-2007978(F)	SERFF Tr Num: ACEH-125963236	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$25, EFT \$25
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 08-CP-2007978(F)	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Llyweyia Rawlins, Brittany Yielding
	Authors: Karen Schwabe, Marlene Thomas, Renice Cox	Disposition Date: 12/31/2008
	Date Submitted: 12/23/2008	Disposition Status: Approved
Effective Date Requested (New): 03/01/2009		Effective Date (New): 03/01/2009
Effective Date Requested (Renewal): 03/01/2009		Effective Date (Renewal): 03/01/2009

State Filing Description:

two EFT \$25 for Total of \$50 filing fee

General Information

Project Name: Bowling Center Program	Status of Filing in Domicile:
Project Number: 08-CP-2007978(F)	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/31/2008	
State Status Changed: 12/31/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The purpose of this filing is to introduce the following optional independent property form which contains extensions of coverage commonly requested by our Bowling Center Program policyholders. This form will be utilized in conjunction with the ISO Commercial Property

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Coverage Part forms already on file:

Bowling Centers Special Extensions of Property Coverage, FA-25788 (10/08)

The accompanying form usage rule is included in a companion rate filing.

We intend to implement these changes for policies effective on and after 3/1/09.

Company and Contact

Filing Contact Information

Renice Cox, Regulatory Specialist	renice.cox@ace-ina.com
436 Walnut Street, WB04G	(215) 640-4876 [Phone]
Philadelphia, PA 19106	(215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-2371728	

Indemnity Insurance Company of North America	CoCode: 43575	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 06-1016108	

Pacific Employers Insurance Company	CoCode: 22748	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-1077060	

Filing Fees

SERFF Tracking Number: *ACEH-125963236* *State:* *Arkansas*
First Filing Company: *ACE American Insurance Company, ...* *State Tracking Number:* *EFT \$25, EFT \$25*
Company Tracking Number: *08-CP-2007978(F)*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *08-CP-2007978(F)*
Project Name/Number: *Bowling Center Program/08-CP-2007978(F)*

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$25.00	12/23/2008	24694963
Indemnity Insurance Company of North America	\$0.00	12/23/2008	
Pacific Employers Insurance Company	\$0.00	12/23/2008	
ACE American Insurance Company	\$25.00	12/30/2008	24766909

<i>SERFF Tracking Number:</i>	<i>ACEH-125963236</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25, EFT \$25</i>
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<i>Project Name/Number:</i>	<i>Bowling Center Program/08-CP-2007978(F)</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/31/2008	12/31/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Add Fee	Note To Reviewer	Bob Wolfrom	12/30/2008	12/30/2008
Form Filing Fee	Note To Filer	Llyweyia Rawlins	12/30/2008	12/30/2008

SERFF Tracking Number:	ACEH-125963236	State:	Arkansas
First Filing Company:	ACE American Insurance Company, ...	State Tracking Number:	EFT \$25, EFT \$25
Company Tracking Number:	08-CP-2007978(F)		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	08-CP-2007978(F)		
Project Name/Number:	Bowling Center Program/08-CP-2007978(F)		

Disposition

Disposition Date: 12/31/2008
Effective Date (New): 03/01/2009
Effective Date (Renewal): 03/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Bowling Centers Special Extensions of Property Coverage	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>ACEH-125963236</i>	<i>State:</i>	<i>Arkansas</i>
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Note To Reviewer

Created By:

Bob Wolfrom on 12/30/2008 01:19 PM

Subject:

Add Fee

Comments:

Another \$25 has been sent via EFT

SERFF Tracking Number: *ACEH-125963236* *State:* *Arkansas*
First Filing Company: *ACE American Insurance Company, ...* *State Tracking Number:* *EFT \$25, EFT \$25*
Company Tracking Number: *08-CP-2007978(F)*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *08-CP-2007978(F)*
Project Name/Number: *Bowling Center Program/08-CP-2007978(F)*

Note To Filer

Created By:

Llyweyia Rawlins on 12/30/2008 01:02 PM

Subject:

Form Filing Fee

Comments:

Hello Renice

The required form filing fee for Arkansas is \$50. A balance of \$25 is due. When can we expect the payment balance?

Thank You

Llyweyia Rawlins

SERFF Tracking Number: ACEH-125963236 State: Arkansas
 First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$25, EFT \$25
 Company Tracking Number: 08-CP-2007978(F)
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: 08-CP-2007978(F)
 Project Name/Number: Bowling Center Program/08-CP-2007978(F)

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Bowling Centers Special Extensions of Property Coverage	FA-25788	(10/08)	Endorsement/New Amendment/Conditions		0.00	FA-25788 (10-08).pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BOWLING CENTERS SPECIAL EXTENSIONS OF PROPERTY COVERAGE

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM
CAUSES OF LOSS – SPECIAL FORM

A. Changes To The Building and Personal Property Coverage Form

1. Additional Coverages

The following changes apply:

- a. Paragraph **c. Fire Department Service Charge** is replaced with the following:

c. Fire Department Service Charge

When the fire department is called to save or protect Covered Property from a Covered Cause of Loss, we will pay up to \$25,000 for your liability for fire department service charges:

- (1) Assumed by contract or agreement prior to loss; or
- (2) Required by local ordinance.

No Deductible applies to this Additional Coverage.

- b. The third paragraph in **d. Pollutant Clean Up And Removal** is amended as follows:

The most we will pay under this Additional Coverage for each described premises is \$25,000 for the sum of all covered expenses arising out of Covered Causes of Loss occurring during each separate 12 month period of this policy.

A \$1,000 deductible applies to this Additional Coverage.

- c. The following Additional Coverage is added:

g. Money and Securities

We will pay for loss of "money" and "securities" resulting directly from "theft", disappearance or destruction while:

1. Inside Covered Buildings;
2. Inside a banking or safe depository institution's buildings or;
3. Outside Covered Buildings while in the care and custody of:
 - a. A "messenger", or
 - b. An armored motor vehicle company.

The most we will pay for this coverage in any one loss is:

1. \$10,000 while inside Covered Buildings or inside a banking or safe depository institution's buildings; and
2. \$5,000 while outside Covered Buildings.

As used in this extension:

"Messenger" means you, or a relative of yours, or any of your partners or any employee while having care and custody of property outside the premises described in the Declarations.

"Money" means currency, coins and bank notes in current use and having a face value, bullion, travelers checks, registered checks and money orders held for sale to the public.

"Other Property" means tangible property other than "money" and "securities" that has intrinsic value but does not include any property excluded under this policy.

"Premises" means the interior of that portion of any building you occupy in conducting your business.

"Securities" means negotiable and non-negotiable instruments or contracts representing "money" or "other property" and includes:

- a. Tokens, tickets, revenue and other stamps whether or not in current use; and
- b. Evidences of debt issued in connection with credit or charge cards, which cards are not of your own issue;

But does not include "money" or lottery tickets.

"Theft" means the unlawful taking of "money", "securities", or "other property" to the deprivation of the Insured.

h. Recharge of Fire Protection Equipment

We will pay expenses you incur to refill or recharge fire protection equipment when the equipment has been discharged to suppress or extinguish a fire or as a result of a Covered Cause of Loss. However, any discharge that occurs during the installation, repair, testing or recharging of the fire protection equipment is not covered.

The most we will pay under this coverage extension is \$5,000 in any one occurrence.

No Deductible applies to this Additional Coverage.

2. Premises Boundary

The references to distances in paragraphs **1.a.(5)(b)**, **1.b.** and **5.** of Section **A. Coverage** are amended to read 1,000 feet in lieu of 100 feet.

3. Coverage Extensions

The following changes apply:

a. Newly Acquired Or Constructed Property

(1) Buildings

The last paragraph is replaced with the following:

The most we will pay for loss or damage under this Extension is \$1,000,000 at each building.

(2) Your Business Personal Property

The last paragraph of (a) is replaced with the following:

The most we will pay for loss or damage under this Extension is \$500,000 at each building.

(3) Period Of Coverage

The number of days in sub-paragraph **(b)** is amended to read 180 days in lieu of 30 days.

b. Personal Effects and Property of Others

The last paragraph is replaced with the following:

The most we will pay for loss or damage under this Extension is \$25,000 at each described premises. Our payment for loss of or damage to personal property of others will only be for the account of the owner of the property.

c. Valuable Papers And Records (Other Than Electronic Data)

The first sentence in paragraph **(4)** is replaced with the following:

Under this Extension, the most we will pay to replace or restore the lost information is \$25,000 at each described premises.

d. Property Off-Premises

Sub-paragraph **(3)** is replaced with the following:

(3) The most we will pay for loss or damage under this Extension is \$25,000.

e. Outdoor Property

The last paragraph is replaced with the following:

The most we will pay for loss or damage under this Extension is \$25,000, but not more than \$250 for any one tree, shrub or plant. These limits apply to any one occurrence, regardless of the types or number of items lost or damaged in that occurrence.

4. Additional Coverage Extensions

a. Accounts Receivable Coverage

You may extend the insurance that applies to Your Business Personal Property to apply to your accounts receivable records.

We will pay:

- (1)** All amounts due from your customers that you are unable to collect;
- (2)** Interest charges on any loan required to offset amounts you are unable to collect pending our payment of these amounts.
- (3)** Collection expenses in excess of your normal collection expenses that are made necessary by the loss; and
- (4)** Other reasonable expenses that you incur to re-establish your records of accounts receivable.

The most we will pay under this Extension is \$25,000 at each described premises.

b. Fine Arts Coverage

You may extend the insurance that applies to Your Business Personal Property to apply to your fine arts. Fine arts means antiques, paintings, statues, and objects of art of every nature and description.

The most we will pay under this Extension is \$25,000.

c. Computer Equipment Coverage

You may extend the insurance that applies to Your Business Personal Property to apply to your electronic data processing equipment, including component parts of such equipment, and/or "software" while it is at a described premise. We will cover electronic data processing equipment whether you own, rent, or lease this equipment from others, or it is otherwise under your control and you are legally responsible for it. This amount of coverage will apply at each described premises.

Coverage is limited to loss or damage that is caused by a covered cause of loss.

We will pay on a replacement cost basis when we determine the value of electronic data processing equipment covered under this extension. We will pay the actual cost of reproducing the lost or damaged "software" provided you actually replace or reproduce the data and/or computer programs that are recorded on the "software". If you do not reproduce the data and/or computer programs on the "software", we will pay the value of the blank material on which the data and/or computer programs are recorded.

As used in this Extension, "software" means all forms of converted data and/or computer programs employed in your data processing operation. Also included is the material on which data and/or computer programs are recorded such as magnetic tapes, hard disks, or floppy disks.

The most we will pay under this Extension is \$25,000.

d. Installation Coverage

We will pay for loss or damage to Covered Property by a Covered Cause of Loss while it is at a job site, or while temporarily being stored, for up to 90 days, while waiting to be installed. This coverage ends once the Covered Property is installed, or the buyer accepts the work as completed, whichever comes first.

The most we will pay under this Extension is \$10,000.

5. Section C. Limits of Insurance

The third paragraph is replaced with the following:

The limits applicable to the Fire Department Service Charge, Recharge of Fire Protection Equipment, and Pollutant Clean Up and Removal Additional Coverages are in addition to the Limits of Insurance.

6. Section E. Loss Conditions

The following changes apply to Paragraph 4. **Loss Payment** in Section E. **Loss Conditions**:

- a. Paragraph 4.a. is amended to include the following option:

(5) If branded or labeled merchandise that is Covered Property is damaged by a Covered Cause of Loss, we may take all or any part of the property at an agreed or appraised value. If so, you may:

- i. Stamp "salvage" on the merchandise or its containers, if the stamp will not physically damage the merchandise; or
- ii. Remove the brands or labels, if doing so will not physically damage the merchandise. You must re-label the merchandise or its containers to comply with the law.

If you elect one of these options, we will pay the difference between the salvage value of the damaged merchandise with the brand or label attached, and the salvage value of the damaged merchandise with the brand or label removed.

- b. The following Condition is added:

4.h. We will pay up to \$10,000 towards the cost of inventories that we request, or appraisals that are required under the Loss Conditions.

B. Changes to Causes of Loss – Special Form

When Causes of Loss – Special Form applies to Covered Property or Business Income, the following changes apply:

Section B. Exclusions – Limited coverage is provided for the otherwise excluded Causes of Loss.

1. **Exclusion 1.a. Ordinance Or Law** is replaced with the following:

If a Covered Cause of Loss occurs to covered Building property, we will pay:

- a. For the loss in value of the undamaged portion of the building as a consequence of enforcement of any ordinance or law that:

- (1) Requires the demolition of parts of the same property not damaged by a Covered Cause of Loss;

- (2) Regulates the construction or repair of buildings, or establishes zoning or land use requirements at the described premises; and

- (3) Is in force at the time of loss.

Payment for the undamaged portion of the Building will be on the same valuation basis applicable to the damaged portion of the Building.

- b. The cost to demolish and clear the site of undamaged parts of the property caused by enforcement of building, zoning or land use ordinance or law.
- c. The increased cost to repair or reconstruct damaged portions of that Building and/or reconstruct or remodel undamaged portions of that Building, whether or not demolition is required, when the increased cost is a consequence of enforcement of building, zoning or land use ordinance or law.

However:

- (1) This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law.
 - (2) We will not pay for any increased cost of construction if the Building is not repaired, reconstructed or remodeled.
- d. The following loss payment provisions apply:
- (1) For Demolition Cost, we will not pay more than the amount you actually spend to demolish and clear the site of the described premises.
 - (2) With respect to the Increased Cost of Construction:
 - (a) We will not pay for the increased cost of construction:
 - (i) Until the property is actually repaired or replaced, at the same or another premises; and

- (ii) Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, but not to exceed 2 years. We may extend this period in writing during the 2 years.
 - (iii) If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the same premises.
 - (iv) If the ordinance or law requires relocation to another premises the most we will pay for the increased cost of construction is the increased cost of construction at the new premises.
 - e. The Coinsurance Condition in **Section F. Additional Conditions** of the **Building and Personal Property Coverage Form** does not apply to Demolition or Increased Costs of Construction coverage.
 - f. We will not pay under this Extension for:
 - (a) Enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or bacteria; or
 - (b) The costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet or dry rot or bacteria.
 - g. We will not pay for loss due to any ordinance or law that:
 - (a) You were required to comply with before the loss, even if the Building was undamaged; and
 - (b) You failed to comply with.
 - h. The coverage provided by this Extension will not increase the Limits of Insurance provided in this Coverage Part.
2. **Exclusion 1.b. Earth Movement** is replaced with the following:
- We will pay up to \$25,000 for direct physical loss or damage to Covered Property caused directly or indirectly by earth movement.
- This limited coverage does not apply to loss of Business Income or Extra Expense. We will not pay for loss or damage until the loss or damage exceeds \$1,000, and then we will pay the amount of loss or damage up to \$25,000.
4. **Exclusion 1.e. Utility Services** is replaced with the following:
- We will pay up to \$25,000 for loss or damage to Covered Property caused by the interruption of service to the described premises. The interruption must result from direct physical loss or damage by a Covered Cause of Loss to the following property, not on the described premises.
- a. **Water Supply Services**, meaning the following types of property supplying water to the described premises:
 - (1) Pumping stations; and
 - (2) Water mains.
 - b. **Communications Supply Services**, meaning property supplying communication services, including telephone, radio, microwave or television services to the described premises, such as:
 - (1) Communication transmission lines;
 - (2) Coaxial cables; and
 - (3) Microwave radio relays except satellites.

It does not include overhead transmission lines.
 - c. **Power Supply Services**, meaning the following types of property supplying electricity, steam or gas to the described premises:
 - (1) Utility generating plants;
 - (2) Switching stations;
 - (3) Substations;
 - (4) Transformers; and
 - (5) Transmission lines.

It does not include overhead transmission lines.

5. **Exclusion 1.g. Water** is replaced with the following:

We will pay up to \$25,000 for direct physical loss or damage to Covered Property caused directly or indirectly by water.

This limited coverage does not apply to loss of Business Income or Extra Expense. We will not pay for loss or damage until the amount exceeds \$1,000, and then we will pay the amount of the loss or damage up to \$25,000.

6. **Changes or Extremes in Temperature or Humidity**

Exclusions 2.d.(7)(a) and 2.d.(7) (b) are replaced with the following:

We will pay up to \$25,000 for direct physical loss or damage to Business Personal Property caused by changes in or extremes of temperature or humidity.

7. Sub-paragraphs **a.** through **d.** of Paragraph 3. of **Section C. Limitations** are replaced with the following:

- a. \$10,000 for furs, fur garments, and garments trimmed with fur.
- b. \$10,000 for jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals. This limit does not apply to jewelry and watches worth \$100 or less per item.
- c. \$2,500 for patterns, dies, molds and forms.
- d. \$250 for stamps, tickets, including lottery tickets held for sale, and letters of credit.

7. Sub-paragraph **b.** of Paragraph 1. **Property In Transit** of **Section F. Additional Coverage Extensions** is deleted.

8. **Other Rules**

Unless a separate deductible is stated in the Additional Coverages and Coverage Extensions provided by this endorsement, the deductible provision of the Building and Personal Property Coverage Form applies to these Additional Coverages and Coverage Extensions.

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Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ACEH-125963236</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25, EFT \$25</i>
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/31/2008
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Comments:

Attachments:

AR NAIC Transmittal Document.pdf
Forms Filing Schedule.pdf

Satisfied -Name:	Filing Memo	Review Status:	Approved	12/31/2008
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Comments:

Attachment:

Filing Memo - Form.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
-------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------


3.	Group Name	Group NAIC #
	ACE INA Companies	626

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	ACE American Insurance Company	PA	22667	95-2371728
	Indemnity Insurance Company of North America	PA	43575	06-1016108
	Pacific Employers Insurance Company	PA	22478	95-1077060

5.	Company Tracking Number	08-CP-2007987
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Renice Cox 436 Walnut Street Philadelphia, PA 19106	Regulatory Specialist	215.640.4876	215.640.4986	renice.cox@ace-ina.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Renice Cox

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Property
10.	Sub-Type of Insurance (Sub-TOI)	Commercial Property (Fire & Allied Lines)
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12.	Company Program Title (Marketing title)	n/a
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 03/01/2009 Renewal: 03/01/2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to introduce the following optional independent property form which contains extensions of coverage commonly requested by our Bowling Center Program policyholders. This form will be utilized in conjunction with the ISO Commercial Property Coverage Part forms already on file:

Bowling Centers Special Extensions of Property Coverage, **FA-25788 (10/08)**

The accompanying form usage rule is included in a companion rate filing.

We intend to implement these changes for policies effective on and after 3/1/09.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: N/A Amount: N/A </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	


*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

ACE Forms Schedule

	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Broaden, Restrict, or Clarify	Mandatory / Optional/ Rate Impact
01	BOWLING CENTERS SPECIAL EXTENSIONS OF PROPERTY COVERAGE	FA-25788 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input checked="" type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input checked="" type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact

FILING MEMO

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